

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

1700 K STREET
SACRAMENTO, CA 95811-4037
TDD (916) 445-1942
(916) 322-2911



Dear Prospective Applicant:

As part of the state certification process, a fire clearance is required from local authorities for the address at which substance abuse services are to be provided.

The Licensing and Certification Division (LCD) of the Department of Alcohol and Drug Programs (ADP) has been made aware that it is often difficult for a provider to obtain a fire clearance due to a lack of understanding by local authorities regarding what information will satisfy these requirements and what form the approval should take (letter, form, etc.).

In an effort to assist providers in clarifying the requirements for local authorities, and perhaps provide a form on which local authorities can notify ADP that approval has been obtained, ADP is enclosing a sample of a fire clearance which you may provide to your local fire authority. Also enclosed is a transmittal letter which explains what forms of notification are acceptable to ADP.

Please feel free to take or mail the fire clearance, and the transmittal letters to your local authority when you request the clearance.

The Department of Alcohol and Drug Programs hopes that this form will expedite your inspection/approval process. If you have any suggestions for improvements to the forms or have any questions, you may contact LCD at (916) 322-2911.

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TO: LOCAL FIRE AUTHORITY

**FROM: LICENSING AND CERTIFICATION DIVISION
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS**

SUBJECT: FIRE CLEARANCE

The Department of Alcohol and Drug Programs (ADP) licenses and certifies residential alcohol and/or other drug treatment programs and certifies outpatient programs. In an effort to promote program safety, these programs are required by state regulations and certification standards to obtain a fire clearance from local fire authorities.

The Department requires the Std. 850 form for residential programs. However, for outpatient programs, any clearance issued on official stationary or fire department forms is acceptable. Attached is a sample form, which may also be used. Please feel free to copy the form onto your letterhead when requests are received by your office for fire clearance, or you may use the form as typed and affix an official seal.

Thank you for your cooperation and assistance to these programs and to ADP in our efforts to keep our programs fire-safe. If you have any questions, please contact the Licensing and Certification Division at (916) 322-2911.

Attachment

FIRE CLEARANCE

Fire Authority Name

Address

Telephone Number

(Name of program)

was inspected this date for compliance with local requirements, and is hereby granted a fire clearance to operate an outpatient alcohol and/or other drug treatment program at:

(Address of program – please include suite numbers if applicable)

Inspector's name (typed or printed), telephone number

(Signature and rank of inspector granting clearance)

(Inspection date)

Official seal here
